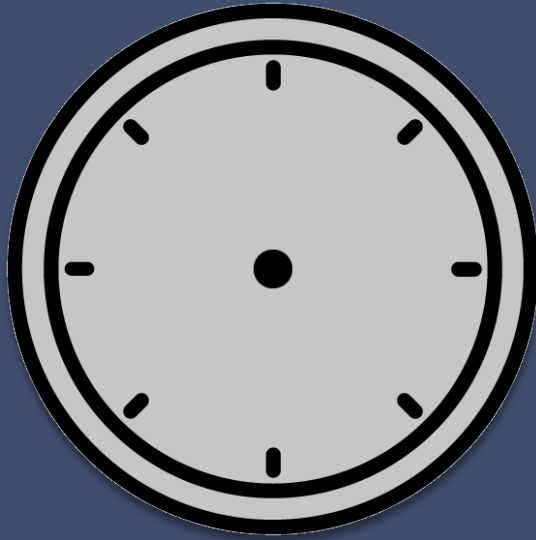
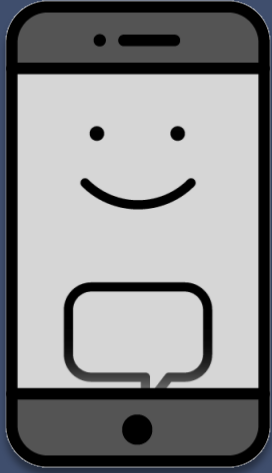


Nuka System of Care Overview

Karen McIntire, VP of Workforce

Melissa Merrick, EVP of Primary Care

Housekeeping



Learning Circles (LCs)

- Definition of a Learning Circle
- Why are Learning Circles important?
- Why do we use Learning Circles at SCF?
- Definition of a check-in

Check In


In your Learning Circles:


- Introduce yourself
- Your role
- How you're showing up here today:
 - A prisoner
 - An explorer
 - A vacationer
 - A sophisticate


Objectives

- 1 Discuss the SCF Nuka System of Care Transformation
- 2 Discuss SCF practices in a community-driven health care system
- 3 Examine the effects of health outcomes and design aspects of a customer-owner health care delivery system
- 4 Define SCF's successes and challenges on instituting change

Why listen to our story

44%
DECREASE IN
ER 
VISITS
2000-2004

63%
DECREASE IN
INPATIENT
DISCHARGES
2000-2004 

31%
DECREASE IN
INPATIENT
DISCHARGES
2000-2019 

2011 & 2017
**MALCOLM
BALDRIGE**
 **AWARD
WINNER**

ER
VISITS
BELOW THE
HEDIS
75th PERCENTILE
where lower
is better

97%
CUSTOMER-
OWNER
SATISFACTION 

95%
EMPLOYEE 
SATISFACTION

above
75th percentile
ON MANY
HEDIS
OUTCOMES

Where We Started



Indian Self Determination & Education Assistance Act of 1975

Prolonged federal domination of Indian Health Service programs has served to retard rather than enhance progress of Indian people and their communities.

“From the time of European occupation and colonization through the 20th century, policies and practices of the United States caused and/or contributed to the severe health conditions of Indians.”



Government Recognition



If the people receiving the health service are involved in the decision-making processes, better yet, if they own their own health care – programs and services have a potential for enhancement and the people and their health statistics will improve.

Alaska Native people chose to assume responsibility





Dr. Terry Simpson
Served since 2003

Roy M. Huhndorf
Served since 1995

Sandra Haldane
Served since 2022

Lisa Wade
Served since 2021

Karen Caindec
Served since 2004

Tom Huhndorf
Served since 2019

Dr. Jessie Marrs
Served since 2022

R. Greg Encelewski
Served since 2022

Charles Akers
Served since 2009

Southcentral Foundation Board of Directors



| Customer-Ownership

Vision

A Native Community
that enjoys physical,
mental, emotional
and spiritual
wellness



Mission

Working together
with the Native
Community to
achieve wellness
through health and
related services



Goals

Shared Responsibility

Ensure systems and services that are respectful and culturally appropriate
• Achieve excellence in customer-owner satisfaction • Increase community awareness of SCF's services and programs

Commitment to Quality

Improve work environments and employee development systems with an emphasis on Alaska Native employees • Ensure continuous improvements of systems and processes • Increase the number of Alaskan Native employees in all job categories

Family Wellness

Reduce the rate of domestic violence, child abuse and neglect • Reduce the rate of and improve the management of cancer • Reduce the incidence of suicide • Reduce the rate of obesity • Reduce the rate of substance abuse • Reduce the rate of and improve the management of diabetes • Improve oral health • Reduce the rate of and improve the management of cardiovascular disease

Operational Excellence

Improve the management of expenses • Improve utilization of information technology and data support systems and services • Improve SCF systems for third party revenue generation and collection

Operational Principles

- R** Relationships between customer-owners, family and provider must be fostered and supported
- E** Emphasis on wellness of the whole person, family and community (physical, mental, emotional and spiritual wellness)
- L** Locations convenient for customer-owners with minimal stops to get all their needs addressed
- A** Access optimized and waiting times limited
- T** Together with the customer-owner as an active partner
- I** Intentional whole-system design to maximize coordination and minimize duplication
- O** Outcome and process measures continuously evaluated and improved
- N** Not complicated but simple and easy to use
- S** Services financially sustainable and viable
- H** Hub of the system is the family
- I** Interests of customer-owners drive the system to determine what we do and how we do it
- P** Population-Based system and services
- S** Services and systems build on the strengths of Alaska Native cultures

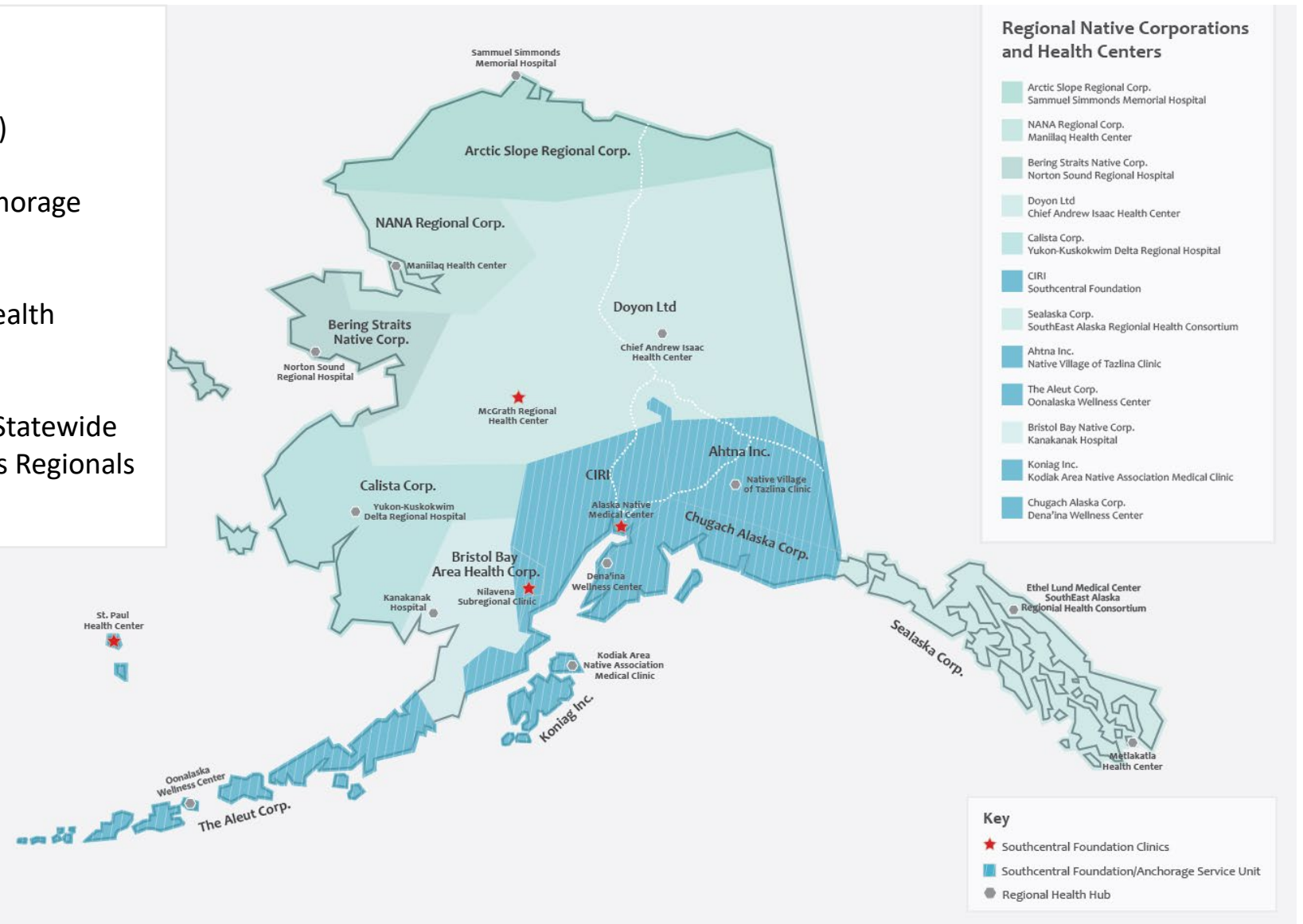
Core Concepts



- W** Work together in relationship to learn and grow
- E** Encourage understanding
- L** Listen with an open mind
- L** Laugh and enjoy humor throughout the day
- N** Notice the dignity and value of ourselves and others
- E** Engage others with compassion
- S** Share our stories and our hearts
- S** Strive to honor and respect ourselves and others

Facts

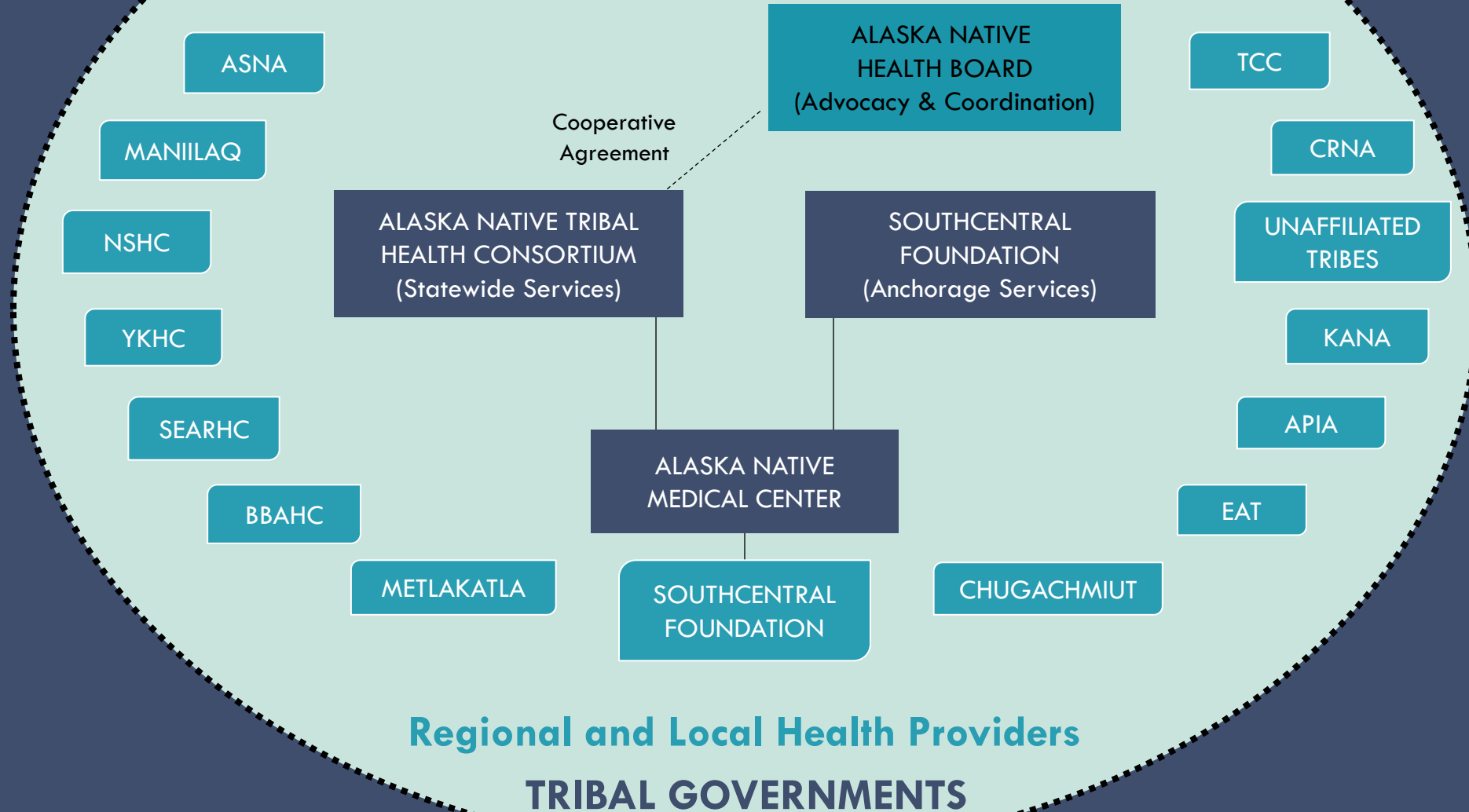
- 229 Federally Recognized Tribes (Villages)
- Over 60 Villages in the Southcentral/Anchorage Service Unit
- Alaska Native Health Board: Statewide health advocate voice
- Alaska Native Tribal Health Consortium: Statewide specialty and tertiary health care services Regionals seated on board as governance



ALASKA NATIVE HEALTH SYSTEM

INDIAN HEALTH SERVICE

Advocacy





**We Asked the Customer-Owner
We Asked the Employees**

People said...unfriendly staff, long waits, no customer input, inconsistent treatment, desired their own primary care provider, cleaner and better facilities



People said...Cleaner and Better Facilities



People said...Access to Own Provider and Culturally Appropriate Care



Check In: Culturally-Appropriate Care

In your Learning Circle, discuss what culturally-appropriate care looks like at these steps of an appointment:

- Scheduling
- Checking in
- With the provider
- Treatment
- Follow up



We Changed Everything

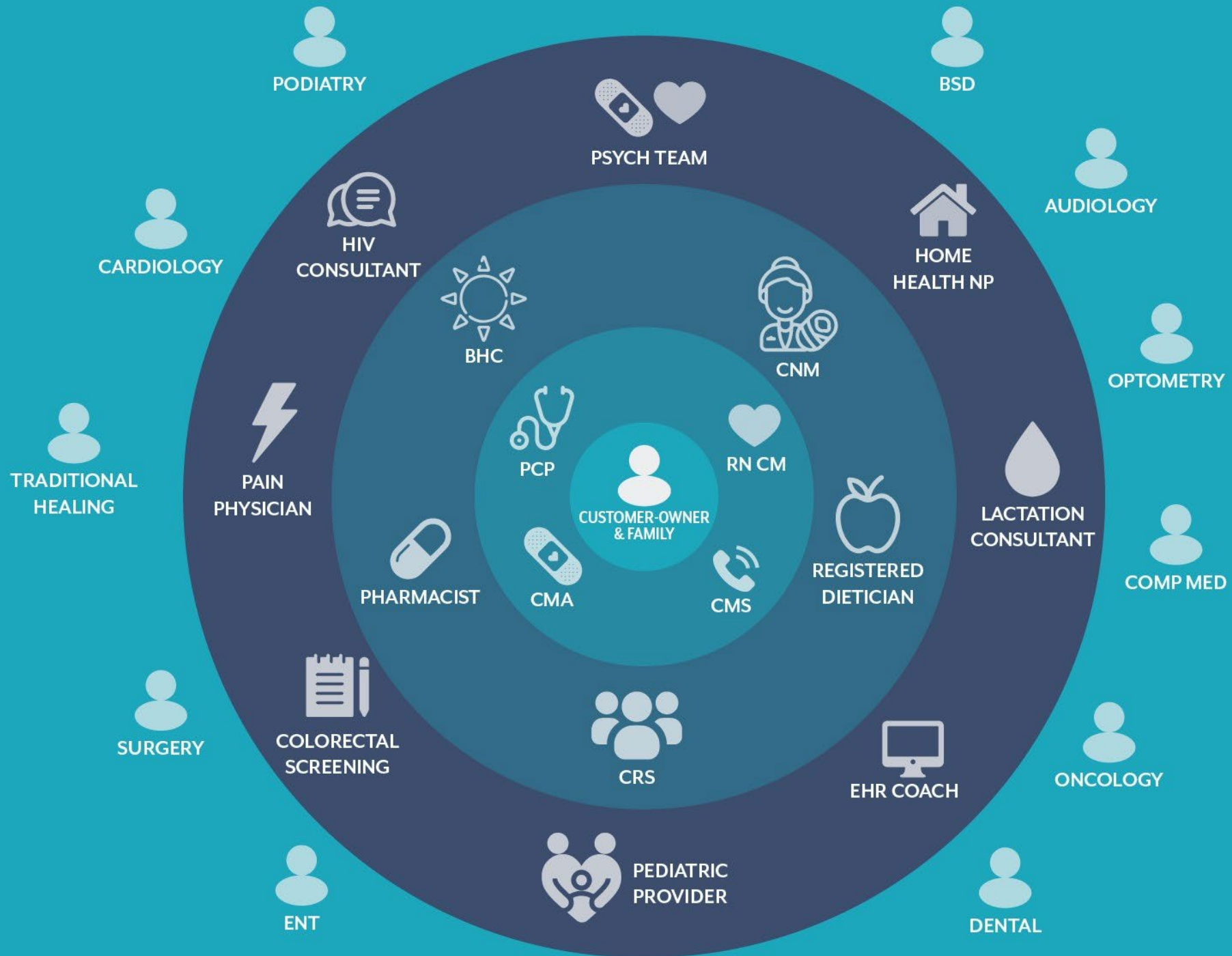


We Developed the Nuka System of Care

- Customer-owner
- Relationships
- Community based – Elders, Veterans, Family Wellness Warriors
- Access to own provider, culturally appropriate care
- Integrated primary care teams includes Behavioral Health Consultants
- Behavioral Health redesign includes learning circles
- Improved facilities

Integrated Care Teams





Using the Voice of the Customer to Drive Improvement



CUSTOMERS



EMPLOYEES

Providers and Customer-Owners in Shared Responsibility



Key Improvement

Customer-Owner changes

- We are active
- We are responsible
- We seek information
- We ask questions
- We seek advice and options
- We become a partner with the provider

Key Improvement

Health care provider changes

- No longer gives orders
- No longer just prescribes meds
- No longer our hero
- No longer controls
- Provides customer-owners options
- Provides customer-owners with resources
- Provider becomes our partner

Alignment with Vision & Mission



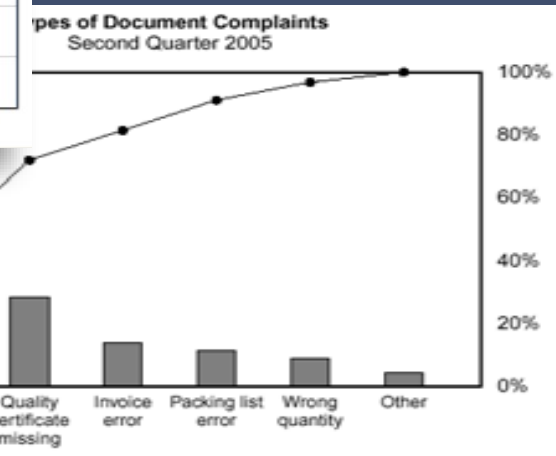
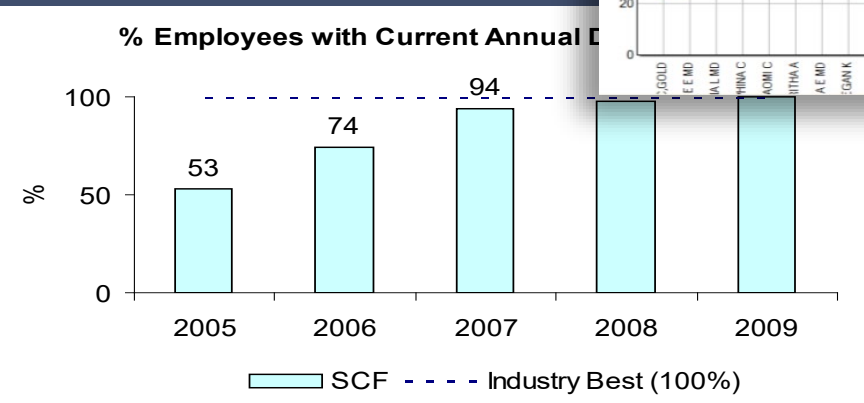
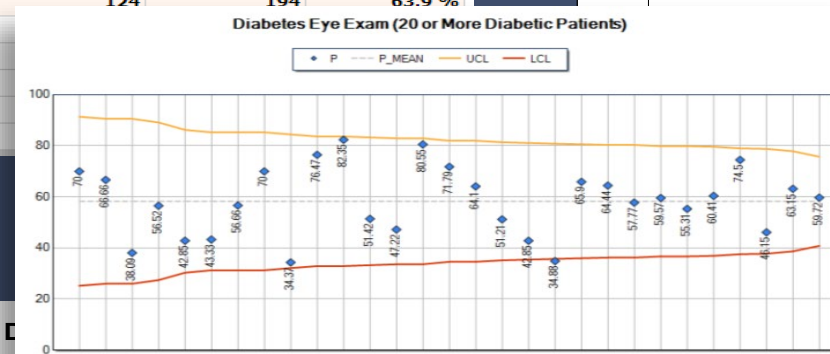
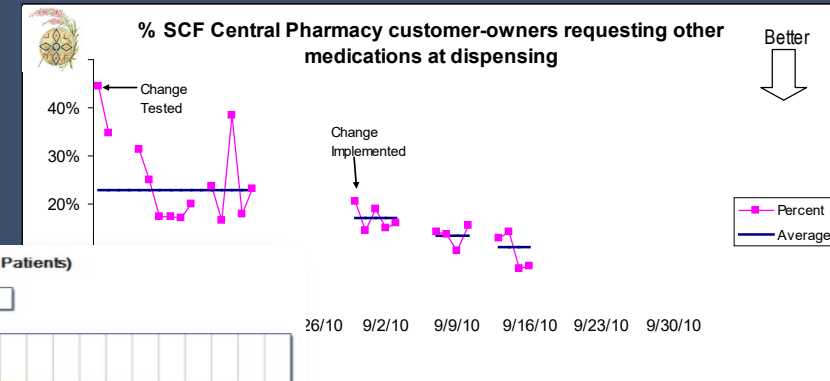
Voice of the Customer

Voice of the Customer



Data and Information Management

Team	Provider	Numerator	Denominator	% Screened
		696	1194	58.3 %
		660	1104	59.8 %
1 East		79	157	50.3 %
1 West		89	160	55.6 %
2 East		123	210	58.6 %
2 West		111	176	63.1 %
3 East		134	207	64.7 %
3 West		124	194	63.9 %
	JAMES, DAVID M			
	KANTOR, LINDA L ANP			
	LINFELD, JANA L			
	NORRIS, KENNETH J			
	WRIGHT, TAMRA J			



Workforce Development

Four Workforce Competencies


**Customer Care
and
Relationships**

**Communications
and
Teamwork**

**Improvement
and
Innovation**

**Workforce Development
Skills and Abilities**

Leadership Development & Succession Planning System



```
graph TD; A[Leadership Orientation and Onboarding] --> B[Foundations of Leadership Theories and Practices]; B --> C[Advanced Leadership Excellence and Development]; C --> D[The Journey Continues];
```

Leadership Orientation and Onboarding

Foundations of Leadership Theories and Practices

Advanced Leadership Excellence and Development

The Journey Continues

Functional Committee Structure



SCF Links EVERYTHING TOGETHER

Planning Linkages

The Corporate Strategic Plan is linked and communicated all the way through the organization, through division, committee, and department, and annual plan and the employee evaluation system.

Corporate Strategic Plan

(Rolling 3+ years)
Includes strategic challenges/advantages, corporate goals & objectives.

Corporate Annual Plan

(1-3 years)
and **Budget Plan**
(1 year)
Includes priority 1 initiatives- initiatives that will begin in the next 12 months.

Annual Plans

(1 quarter- 1 year)
Includes division, committee & department annual plans.

Quarter Reports

(1 quarter)
Includes division, committee & department annual plans.

Employee Evaluation System

(1 year)
Includes employee evaluation & employee action plans.

Check In: Continued Community Input

Individually, brainstorm ways your health care organization is already collecting community input.

Check In: Continued Community Input

Individually, brainstorm ways your health care organization is already collecting community input.

In your Learning Circle, share what ideas you came up with and what is working about these ways to collect community input.

Check In: Continued Community Input

Individually, brainstorm ways your health care organization is already collecting community input.

In your Learning Circle, share what ideas you came up with and what is working about these ways to collect community input.

In your Learning Circle, brainstorm what your health care organization can do to improve the ways you collect community input.

We Continue to Ask the Community

- Governing Board
- Advisory committees
- Elder Council
- Annual gatherings
- 24-hour hotline
- Personal interactions
- Customer-owners
- Satisfaction surveys and comment cards
- Employee survey
- Employee interactions (more than 55% are customer-owners)

Voice of the Customer



1993

Domestic Violence
Child Abuse
Child Neglect
Behavioral Health
Addictions

2018

Alcohol, Drug, and Tobacco
Oral Health
Behavioral Health
Food, Nutrition, and Obesity
Cardiovascular Health and Heart Disease



CELEBRATE!



Questions?

BREAK

Southcentral
Foundation



Improvement and Innovation

Karen McIntire, VP of Workforce

Melissa Merrick, EVP of Primary Care

Objectives

1

Compare various approaches to improvement and innovation with SCF's approach

2

Describe the organizational structure for improvement as part of SCF's Nuka System of Care

3

Examine SCF's READI Model for Improvement

Check-In

Let us know what questions you want addressed during this session.

Foundations

Vision

A Native Community that enjoys physical, mental, emotional and spiritual wellness



Mission

Working together with the Native Community to achieve wellness through health and related services

Goals

Shared Responsibility

Ensure systems and services that are respectful and culturally appropriate
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Workforce Competencies

Customer Care
and
Relationships

Communications
and
Teamwork

Improvement
and
Innovation

Workforce
Development Skills
and Abilities

Core Concepts

- W** Work together in relationship to learn and grow
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- S** Strive to honor and respect ourselves and others



Check In: What is the Leader's Role in Transformation?

Individually, think about the steps in the improvement process.

In your Learning Circle, share your opinions:

- What is the most important step of the improvement process?
- What step do you like the most/feel the most comfortable in?





Reach Understanding

A brief, but crucial phase that helps identify and define improvement initiatives



Establish Relationships

Used to identify and build relationships with the work team—the goal is to establish and reinforce the groundwork to move forward in improvement initiatives



Assessment of Gaps/ Possibilities

Used to identify gaps between current and future states, while considering what is working well.



Develop and Implement and Action Plan

Used to assist stakeholders and work teams to identify, test, implement, and evaluate ideas in cycles of change that result in improvement



Integrate Solutions and Evaluate Results

Used to see the project to conclusion by integrating solutions and handoff by working with partners to evaluate results and sustain improvements

Check In: What is the Leader's Role in Transformation?

Individually, think about which step in the process you can work on and improve.

What changes can you make, or action can you take to be better in this step of the improvement process?

Discussion: What is the Leader's Role in Transformation?

R

In the room, move to the “step” you’re going to focus on improving.

I

Stand with like-minded people and discuss your ideas for making changes and taking action.

E

D

A

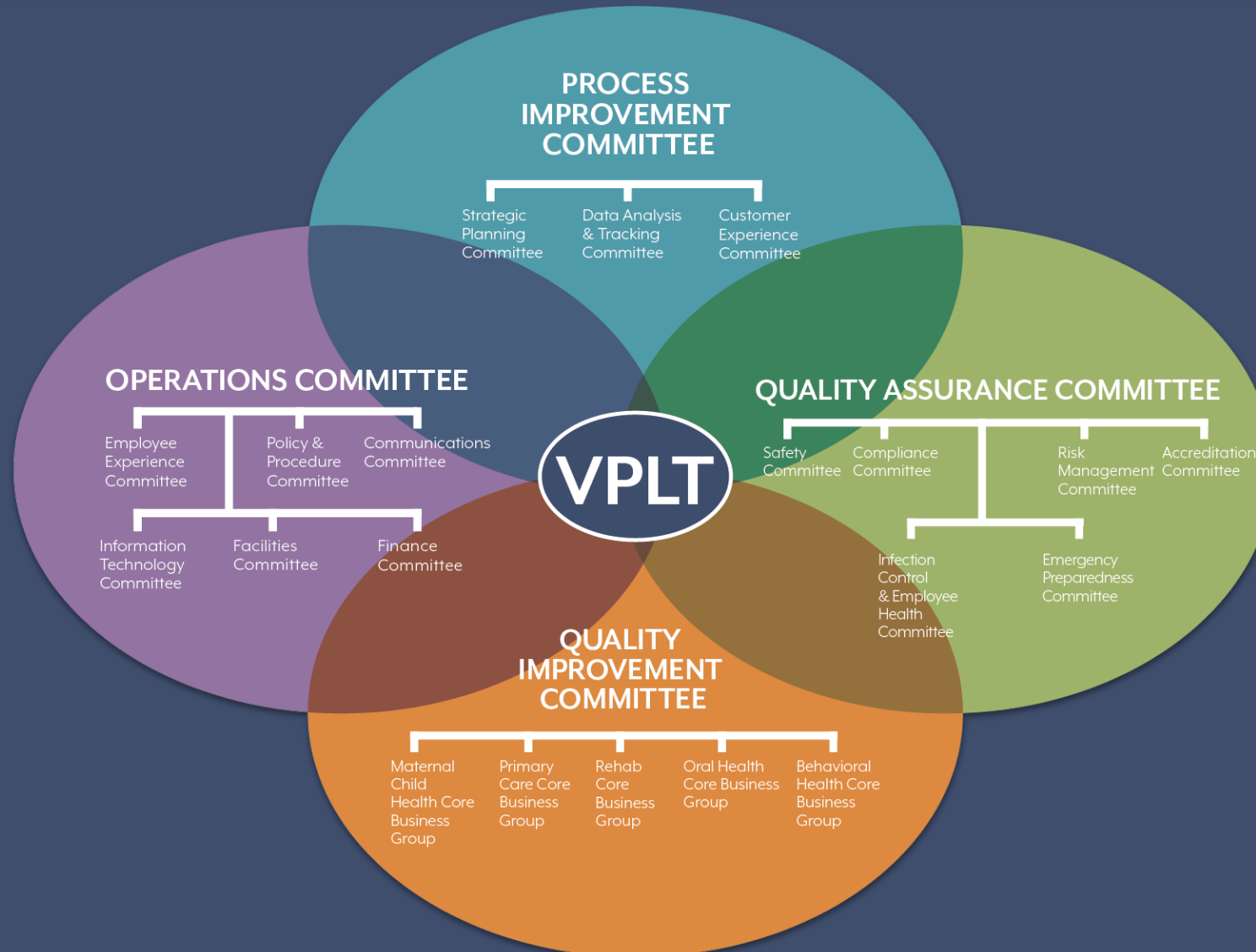
SCF Best Practices: “Voice” Drives Improvement

- Voice of the Customer
 - Ongoing satisfaction survey, community needs assessment, focus groups
 - Email to President/CEO
 - Community events and advisory groups
- Voice of the Employee
 - Annual satisfaction survey, leadership development sessions
 - 55% of workforce are customer-owners
- Voice of the Process
 - ‘Go see’ the process, talk with the people, Data Mall

Operational Principles

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SCF Best Practices: Functional Committee Structure



SCF Best Practices: Culture of Improvement

- Job description
- Performance management
- Strategic planning process
- Functional committee structure
- New Hire orientation
- Annual reorientation
- Targeted trainings

SCF Best Practices: Seamless Braid



SCF Best Practices: Seamless Braid

Relational



Strategic

LUNCH

Southcentral
Foundation

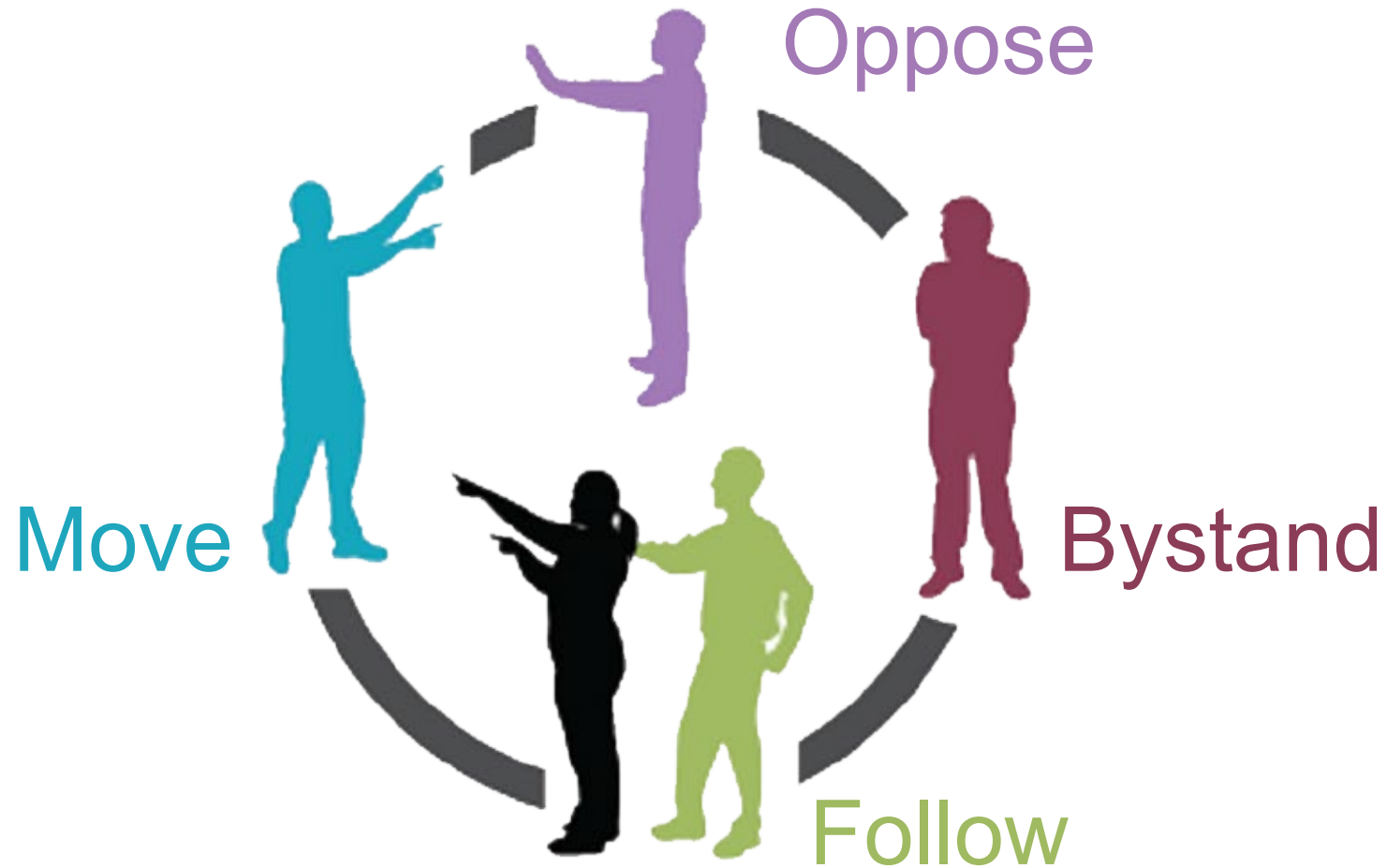



Welcome Back

Southcentral
Foundation



Energizer: Kantor's Four Player Model





We should
move forward
with this idea!

I agree! How
can I help?

We should consider an
alternative approach.

I've noticed we
keep coming
back to a
central idea.

Energizer: Kantor's Four Player Model

Which role are you most comfortable in?

Move

Oppose

The Room

Follow

Bystand

Energizer: Kantor's Four Player Model

Which role are you least comfortable in?

Move

Oppose

The Room

Follow

Bystand

Managing Resistance and Sustaining Change

Karen McIntire, VP of Workforce

Melissa Merrick, EVP of Primary Care

**A leader's role is to
remove barriers and
support change across
the organization...**

**...the prospect of
change brings up
resistance.**

Objectives

1 Address the three levels of resistance

2 Describe how SCF manages and sustains change

3 Describe strategies used to build resiliency in the workforce

Creative Tension

- Vision (future state)

• TENSION  RESOLUTION

- Current reality (current state)

Discussion: Resistance

In your Learning Circle, discuss:

- Why do people resist?
- What does resistance look like? ← What do people say?
What do people do? How do people behave?

Things people say that reflect resistance:

- Nothing, silence is golden
- “I can’t worry about that now. I need to get X done”
- “It will never happen”
- “It’s not my fault”
- “What about these issues?”
- “Whatever...”
- “It won’t work”
- “I liked it better when...”
- “I need more information”
- “I’m concerned about my workload”
- It won’t happen again”

Things people do that reflect resistance:

- Be preoccupied with keeping things the same
- Have trouble staying focused
- Become overwhelmed easily
- Cry
- Agree Quickly
- Appear unconcerned
- Act like nothing is happening
- Express frustration and/or oppose
- Blame
- Counter Attack
- Ask a lot of questions

Why Do People Resist?

Three Levels of Resistance

**Level 3:
I Don't Like You**



Possible Root Causes

- Lack of trust or confidence in leadership
- Historical experience of me/you/us as Individual leaders that makes others wary
- Perception of what me/you/us represent personally

Why Do People Resist?

Three Levels of Resistance

Level 3:
I Don't Like You



Level 2:
I Don't Like It



Possible Root Causes

- Lack of trust or confidence in leadership
- Historical experience of me/you/us as Individual leaders that makes others wary
- Perception of what me/you/us represent personally

- Fear of loss of control
- Fear of losing face or status
- Fear of losing one's job

Why Do People Resist?

Three Levels of Resistance

Level 3:
I Don't Like You



Possible Root Causes

- Lack of trust or confidence in leadership
- Historical experience of me/you/us as Individual leaders that makes others wary
- Perception of what me/you/us represent personally

Level 2:
I Don't Like It



- Fear of loss of control
- Fear of losing face or status
- Fear of losing one's job

Level 1:
I Don't Get It



- Lack of information
- Disagreement over interpretation of the data
- Lack of exposure to critical information
- Confusion over what it all means



Resistance is a healthy and expected response
to change.

Resistance reminds us as leaders that we need
to slow down and pay attention.

The Goal is to Enable Individuals to Shift from a Place of Resistance to a Place of Support

FROM:
Three Levels of Resistance

**Level 3:
I Don't Like You**



TO:
Three Levels of Support

**Trust/
Confidence
(Personal)**

The Goal is to Enable Individuals to Shift from a Place of Resistance to a Place of Support

FROM:
Three Levels of Resistance

Level 3:
I Don't Like You



Level 2:
I Don't Like It



TO:
Three Levels of Support

**Trust/
Confidence
(Personal)**

**Favorable
Reaction
(Emotional)**

The Goal is to Enable Individuals to Shift from a Place of Resistance to a Place of Support

FROM: *Three Levels of Resistance*

Level 3:
I Don't Like You

Level 2:
I Don't Like It

Level 1:
I Don't Get It



TO: *Three Levels of Support*

**Trust/
Confidence
(Personal)**

**Understanding
(Intellectual)**

**Favorable
Reaction
(Emotional)**

Check In: What can we do about resistance?

In your Learning Circle, come up with ways to address each level of resistance:

**Level 3:
I Don't Like You**

**Level 2:
I Don't Like It**

**Level 1:
I Don't Get It**

Which level is most challenging for you to address?

Level 3 Resistance: What Can We Do?

**Level 3:
I Don't Like You**

Trust/Confidence (Personal)

Level 3 Resistance: Rebuild damaged relationships and tend to neglected relationships

- Take responsibility for things that may have led to tense relationships
- Keep Commitments – demonstrate trustworthiness
- Find ways to spend time together
- Allow yourself to be influenced by the people who resist you

Level 2 Resistance: What Can We Do?

**Level 2:
I Don't Like It**



Favorable Reaction (Emotional)

**Level 2 Resistance: Remove as much fear as you can –
increase excitement for the positive**

- Emphasize “what’s in it for them”
- Engage people in the process
- Emphasize “we are in this together”
- Be honest

Level 1 Resistance: What Can We Do?

Enabling Others to “Make the Shift”

**Level 1:
I Don’t Get It**

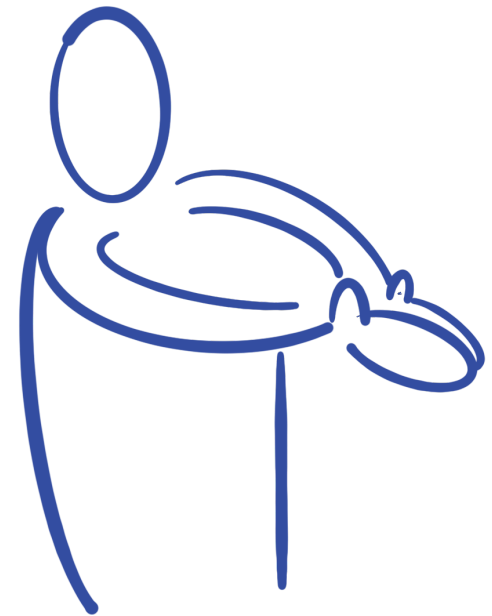
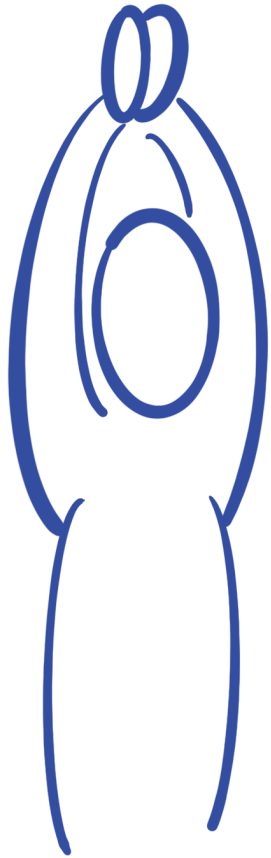


**Understanding
(Intellectual)**

Level 1 Resistance: “Make your case”

- Ensure people know the “why” of the change before the “how”
- Present what you would like them to change using understandable language
- Find multiple ways to make your case

Energizer: Salmon, Bear, Mosquito





Change Doesn't Happen Overnight

Change is inevitable

- Change management
- Individuals moving through change
- Teams moving through change

What gets in the way of change?

- Levels of Resistance
- Impatience – can't live in the tension
- Change fatigue
- Competing priorities
- Levels communication
- Silos

Point of View or Perspective

- Aspiration (vision)

- Hope
- Positive
- Want or Desire
- Fundamental Change

- Create

- Desperation

- Fear or Worry
- Negative
- Prevent from happening
- Incremental Change

- React

Self-Sabotage

- Focusing on what you want to avoid or make go away
- Focusing on the process of how to get what you want (focus on the tension) versus the result
- Not being aware of time delay

Compassion Fatigue

- The physical, emotional, and spiritual depletion associated with caring for patients in significant emotional and physical distress
- A unique form of burnout that affects individuals in caregiver roles

Compassion Satisfaction

- The physical, emotional, and spiritual depletion associated with caring for patients in significant emotional and physical distress
- A unique form of burnout that affects individuals in caregiver roles



Infrastructure

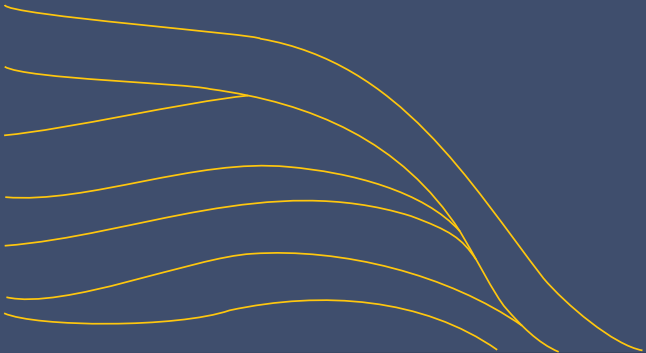


Large Scale Change



Supporting Staff

Responding to Disruption



Check In: Disruptions

In your Learning Circle, discuss what disruptions you have experienced or may experience in your system other than COVID-19.

Without focusing on the COVID-19 Pandemic, what symptoms of disruption show up in your system?

Emphasis on Relationships

- Organizational emphasis on genuine connection starts with Onboarding new employees
- Mandatory Core Concepts training for all employees
- Changes the level of approachability between each other
- Our trainings teach employees about “story”
- Importance of story
- Also teach how to listen and respond differently
- In turn, we share this approach with customers through Learning Circles



Enhanced Relationship Leads to Increased Health and Wellness

Building Relationship

Establishing a safe, trusting and collaborative relationship core to healing in all aspects – physical, mental, spiritual, social and emotional

It starts with teaching relationship and communication skills to employees, and establishes awareness of how relationship is key to wellness

A new relationship with each other at work

- Internal customer owners
- Hiring based on the value of relationships
- Career ladders – support growth when people fit with culture
- Practice how to work together through relationships
- Real, human, caring relationships between employees and supervisors
- Employee's wellness = community wellness

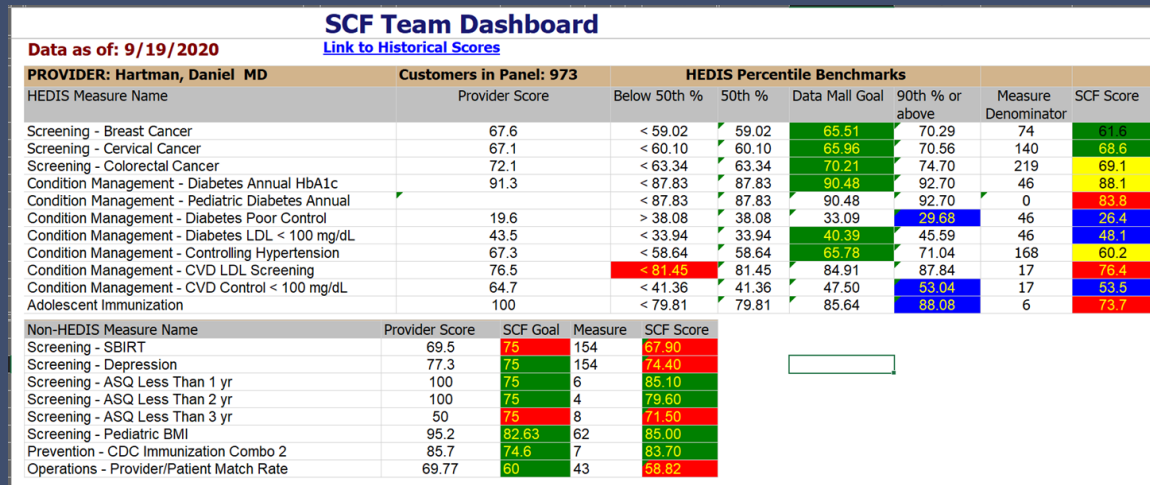
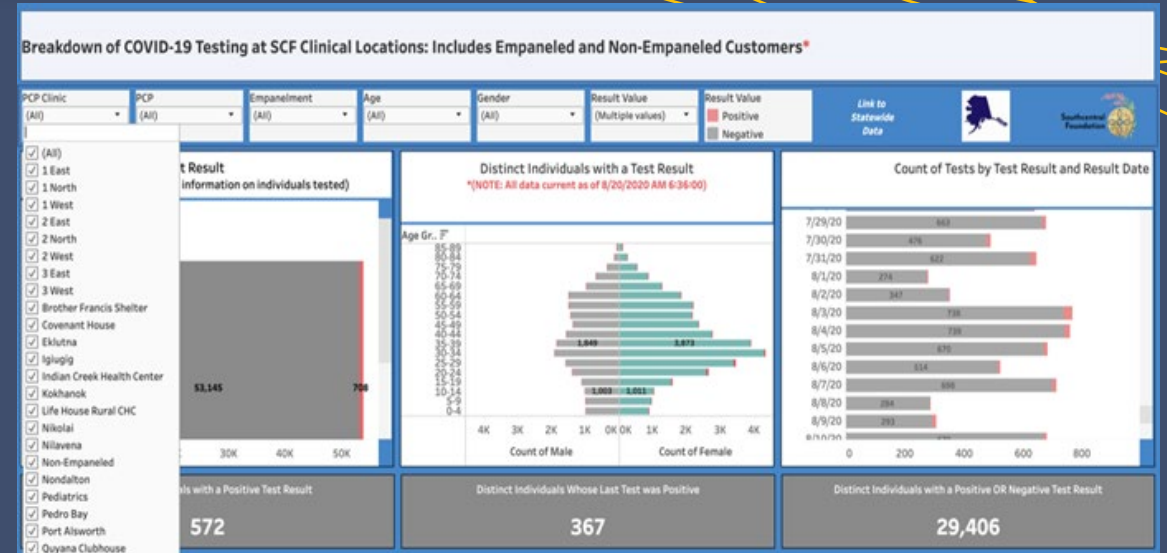
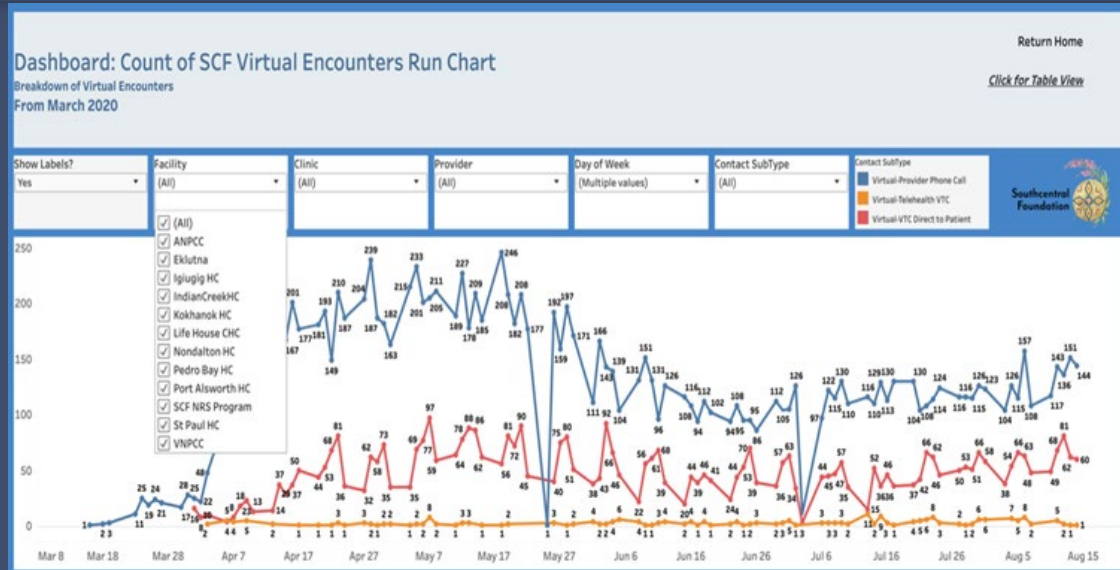
Corporate Response

- SCF Leadership Chats
- Constantly updating policies and procedures to reflect change and innovation
- Anchorage Native News
- Core Concepts “refreshers and introductions” delivered via microlearnings
- New and improved Employee Wellness Committee
- All trainings and onboardings delivered via virtually
- Support for telecommuting working
- Providing managers support for crucial conversation

Flexible Infrastructure

- Collaborative planning/communication
- Telecommuting
- Employees impacted by school age children
- Extra Shift Crisis pay
- Team effort (multiple clinical and nonclinical staff coming together to deploy vaccine clinic)

Information to Knowledge

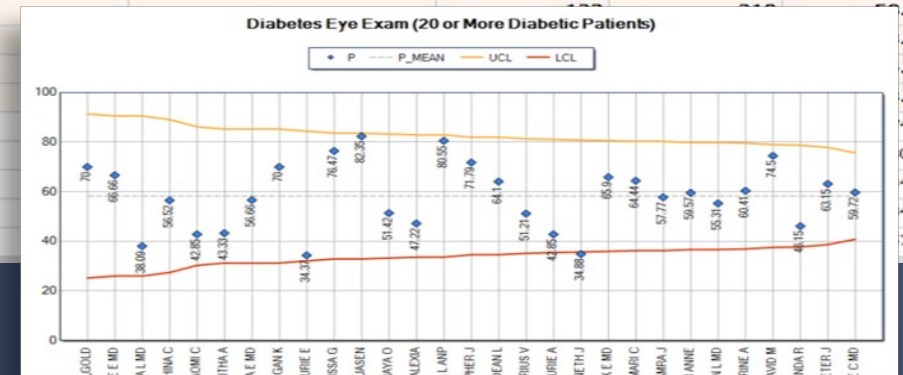


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☐ 2 West				51.1 %
☐ 3 East				50.7 %
☐ 3 West				49.9 %

Diabetes Eye Exam (20 or More Diabetic Patients)

Legend: P (individual data points), P_MEAN (mean line), UCL (Upper Control Limit), LCL (Lower Control Limit)

Team/Provider	% Screened (P)
☐ 1 East	79
☐ 1 West	89
☐ 2 East	79
☐ 2 West	89
☐ 3 East	79
☐ 3 West	89



PDSA, Workflows, and Job Aides



Plan-Do-Study-Act

PDSA Name: VTC Visits

Contact Person: Jerry Markus & Ngozi Njoku

Date Approved:

Start

End

Model For Improvement

AIM: What are we trying to accomplish?

Pilot the use of MS Teams for VTC visits in Anchorage Native Primary Care to establish best practices and a successful VTC visit process by May 2020.

METRICS

How will we know the change is balancing measures?

Process

- # of VTC visits conducted

Outcome

- % successful VTC visits with C-Os utilizing MS Teams
- % VTC visits that resulted in virtual phone visits

Balancing

- C-O satisfaction
- SCF employee satisfaction (anecdotal information)

BACKGROUND AND CHANGE CONCEPTS IDEAS

Ensuring that our customer-owners (C-Os) continue to receive care of viral transmission is of great importance to SCF. While making efforts to mitigate the potential spread of COVID-19 infections, primary care physicians (video-teleconferencing) as a way to connect with their C-Os to continue care.

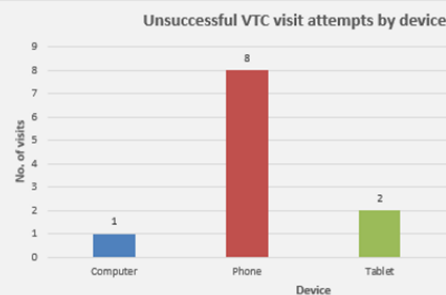
The use of MS Teams applications for VTC purposes will enable providers to connect with their C-Os in ways that would mimic in-person visits. This will also allow for foster relationships with their C-Os, while also providing the opportunity for virtual visits.

04-02-20



Plan-Do-Study-Act

Below is a pie chart of unsuccessful calls by device:



Feedback/comments collected from C-Os and staff after VTC visits are presented below:

Problems/Incident Descriptions:

- No concerns (x9).
- Connectivity issues:
 - Took a bit of time for C-O to connect to app.
 - C-O unable to turn off cookies.
 - C-O unable to download MS Teams.
 - C-O unable to connect to app (did not have Chrome) or connect to video.
 - C-O did not have equipment to perform VTC.
 - C-O unable to click the link.
- C-O did not answer/did not keep appointment (x2).
- Decent video quality, no audio – PCP called C-O on the phone and continued VTC appointment.
- C-O did not get email invite.
- PCP did not have video capability.

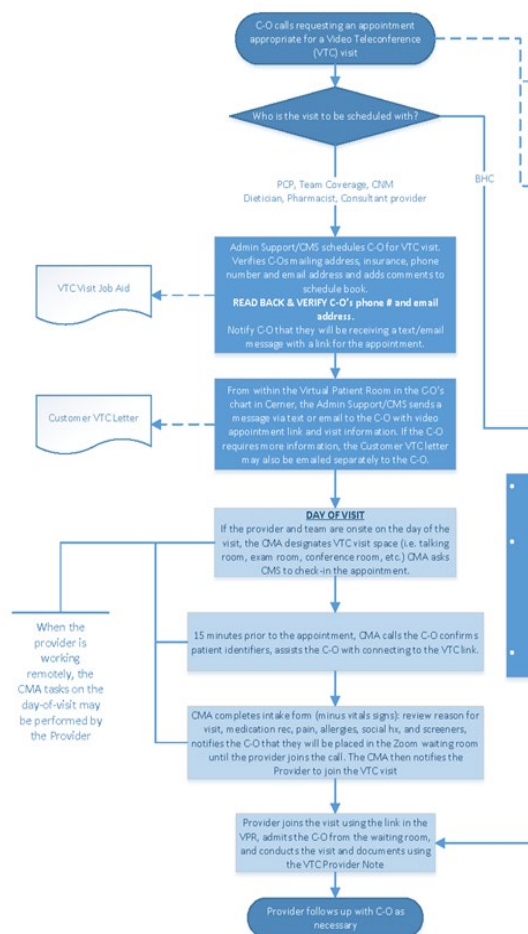
C-O Voice/Feedback Comments:

- Connectivity:
 - C-O had an old phone resulting in connectivity issues.
 - Unclickable link, C-O asked for phone consult instead.
 - C-O was not able to download the app, expressed frustration.
 - C-O already had MS Teams – easy set up.
- Call was successful.

04-02-20

Video Teleconference (VTC) Visit Workflow

For technical support, reach out to your clinic's MIO Superuser, Supervisor or Manager



VTC Video Visit - Direct to Patient

Documenting the Encounter

- Open the patient chart from your schedule. Ensure the chart opens to the Telehealth VTC Direct to Patient encounter.
- Complete your note the same way that you would a face-to-face visit – using **DynDoc**, **PowerNote**, etc.
- Regardless of the documentation type used, you will need to insert an auto-text to document required elements of a VTC visit. Begin to type #VTC_Provider (case sensitive). Double-click or hit enter to insert the auto-text when it appears.

- A template will appear with required documentation elements for a VTC encounter. Complete all elements. The F3 key allows you to tab between fields.

- Complete your documentation as usual.
- Sign the note as usual. Complete all other charting activities of a typical face-to-face visit (Patient Education, Med Rec, etc.)

Resources



COVID-19

Document Library

Back to MySCF

Work progress tracker

Medium Impact ☆ Not following

[Click Here to Schedule your COVID-19 Vaccine](#)

Verification of COVID-19 Vaccine

To assist in COVID-19 vaccine verification for travel and other needs, SCF employees may access their electronic employee health record on MyCority.

You can also access MyCority from the [SCF Intranet homepage](#). In the filter menu on the upper left, enter **All Tools**. Contact SCF Employee Health at scfemployeehealth@scf.cc or by phone at (907) 729-8922 or (907) 729-8923.

Notice

All SCF employees must immediately redirect all media queries to the SCF Public Relations Department (scfpr@scf.cc) to manage the media relations opportunity.

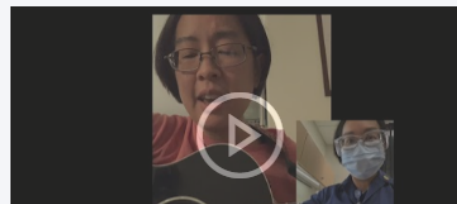
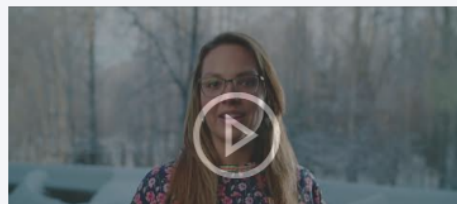
[Media Relations Policy](#)

SCF is Connected Photo Gallery

See all

Why I got my COVID-19 Vaccine Video

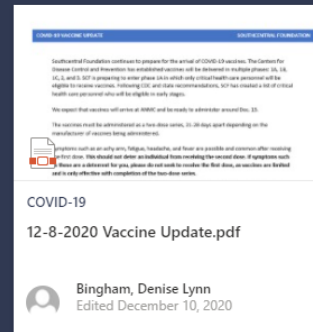
COVID-19 News and Info



Vaccine Updates

Updates about COVID-19 vaccine distribution at Southcentral Foundation.

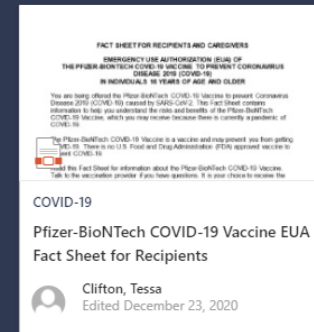
Vaccine Updates



Vaccine Information

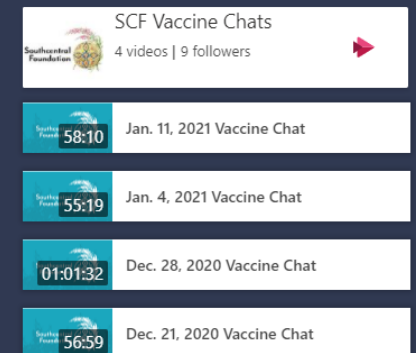
Resources and information about the COVID-19 vaccine.

Documents



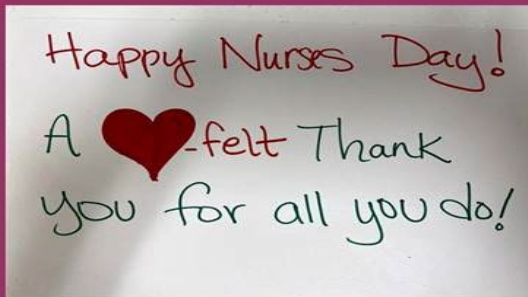
Vaccine Chats

Weekly chats with leadership from Quality Assurance and MSD.



SCF Staff Appreciation

We Appreciate You!



Being intentional about recognition and celebrating successes

Lessons Learned from a Corporate Perspective

- Customer needs drove the innovation. Customer focus is why we do this and why we exist
- Leadership empowered us to try something different – to be innovative and creative
- Rapid Cycle Improvement worked well and quickly
- Transparent communication to customers and workforce is our daily practice and our structure supports it

Resilience

- Can be learned and developed
- Act of rebounding, from the Latin word *Resiliens*
- Critical to overall well-being
- A protective factor against psychiatric disorders ([ncbi.nih.gov](https://www.ncbi.nlm.nih.gov))

Value of Resilience

- Helps us **develop skills** to strengthen ourselves
- Helps us **maintain balance** in difficult or stressful times
- Helps **protect us** from the development of some Physical and Behavioral Health issues

Types of Resilience

Inherent –
natural
resilience we
are born with.

Adapted –
resilience learned
on the spot in
response to a
challenging
experience.

Learned –
developed
over time.

Characteristics of Resilient Behavior

- Viewing setbacks as impermanent
- Reframing setbacks as opportunity for growth
- Recognizing thought distortions as false beliefs (thought patterns can be self-limiting or self-aiding)

Characteristics of Resilience

- Managing strong emotions and impulses
- Focusing on events within control
- Not seeing self as victim
- Being open and adaptable to change

(Source: Positive Psychology)

Core Elements

Cultivates:

Self Care

Self
Awareness

Acceptance

Mindfulness

Components of Resilience



Exercise, Nutrition, and Rest



Tenacity



Optimism



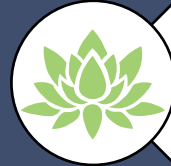
Interpersonal Support



Perspective-Taking



Microbreaks



Mindfulness



Gratitude



Spirituality

Discussion: Supporting Resilience

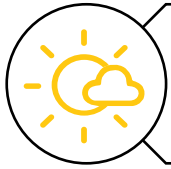
In your Learning Circle, discuss how your organization supports resilience in the workforce. Identify which components your organization emphasizes, and where there is room for improvement.



Exercise, Nutrition, and Rest



Tenacity



Optimism



Interpersonal Support



Perspective-Taking



Microbreaks



Mindfulness




Gratitude



Spirituality

Creative Tension

- Vision (future state)
- TENSION  RESOLUTION
- Current reality (current state)

Creative Tension

- **What you focus on...**

Hold in your consciousness / awareness

...tends to happen

Creative Tension

- Vision (what you want)

TENSION s e e k s RESOLUTION

- Current reality (what you have)

When creating your vision...

- Result, not process
- Focus on what you want, not just what seems possible.
- Focus on what you want, not ridding yourself of what you don't want.
- Be specific, you would know it if you had it.
- See it in the present.
- Put yourself in the picture.

Exercise

Individual exercise:

- Take a minute to picture an element of your personal vision – something that you want.
- If anything were possible, what would you want?
 - Close your eyes and picture this; put yourself in that picture.
- Be specific; describe it so that others can see it.
- TIME – 2 minutes

Exercise

In pairs:

- One person share the element of your vision.
- Partner, inquire about the vision so each of you can “see” it.
- Switch roles.
- TIME – 10 minutes

Why Personal Vision

- If you understand what your aspirations are, you are more capable of sharing that with others.
- Sharing what is important to you and why can create an environment for improved communication and relationships.
- Your personal vision is another part of your story.

Optimism

“I’m looking for things to be hopeful for.”

A mental attitude that can be cultivated

Connected to positive thoughts and emotions

“A pessimist sees the difficulty in every opportunity; an optimist sees the opportunity in every difficulty.”

- Winston Churchill



Questions?

Qaġaasakung

Aleut

Quyanaa

Alutiiq

Quyanaq

Inupiaq

AwA'ahdah

Eyak

Mahsi'

Gwich'in Athabascan

Igamsiqanaghalek

Siberian Yupik

Háw'aa

Haida

Quyana

Yup'ik

T'oyaxsm

Tsimshian

Gunálchéesh

Tlingit

Tsin'aen

Ahtna Athabascan

Chin'an

Dena'ina Athabascan

Thank you!